

TRANSMITTAL FORM

	Application Number 10/813,326 Filing Date March 30, 2004 First Named Inventor Djupesland, Per Gisle Group Art Unit 3734 Examiner Name Mendoza, Michael G. Attorney Docket No. 44508-058 Patent No. Not yet assigned Issue Date Not yet assigned
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ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Replacement Drawing(s)	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate)
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Petition for Extension of Time		
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
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CORRESPONDENCE ADDRESS <p>Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899</p>	SIGNATURE BLOCK <p>Respectfully submitted,</p> <p style="text-align: right;">/Isaac A. Hubner, Reg. No. 61,393/ Isaac A. Hubner, Reg. No. 61,393 Agent for the Applicant Proskauer Rose LLP One International Place Boston, MA 02110-2600</p> <p style="text-align: right;">Date: March 22, 2010 Tel. No.: (617) 526-9893 Fax No.: (617) 526-9899</p>
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